ARIZONA STATE BOA	ARD OF HEALTH State File No. 2/0
1. PLACE OF BIRTE	Att Branch Transferrent Transfe
STANDARD CERTIFIC	<i>"</i>
County Sela St	ate aryon
District or Township	· Village
City Acuyelus No. St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
If child is not yet named, make	
2. Full name of child flow bushes supplemental report, as directed.	
in event of plural	of birth Mary 30 1430 Month Day Year
	MOTHER
Full navel frame	ull maide hame an Elviela
9. Residence (Usua) place of professional line	5. Residence Wall place of the state of the
If non-resident, give place and state.	If non-resident, give place and state.
	6 Oplor or race
Muv 11. Age at last birthday rears)	Mux 17. Age at last blithda 2 (Years)
	for ania
12. Diffillace (cit) of flace, grandon and a	18. Birthplace (city or place) (State or country) Addition
(State or country alise of My	
13. Occupation	19. Occupation Nature of Industry
Nature of Industry	Nature of industry
20. Number of children of this mother	and now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive I (c) Stillborn	ILL HOW GERGELEANING
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE, 20
I hereby certify that I attended the birth of this child, who was	Bern alive or (Shorn)
When there was no attending physician or midwife, then the father, householder. Signature Chaule Boundary	
etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician midwife.)
Given name added from a supplement! report	
Month, day, year	
Registrar.	Registrar.
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